

OIG Financial Progress Report

Program Name: Coronavirus Relief Fund

Grantee Name: SACRAMENTO, COUNTY OF

Report Name: OIG Financial Progress Report

Report Period: 07/01/2020 to 09/30/2020

Report Status: Submission Accepted by CO

Report Sections

1. *Prime*
2. *Projects*
3. *Sub-Recipient Organizations*
4. *Contracts >=\$50,000*
5. *Grants >=\$50,000*
6. *Loans >=\$50,000*
7. *Transfers >=\$50,000*
8. *Direct >=\$50,000*
9. *Aggregate Awards of <\$50,000*
10. *Aggregate Payments to Individuals*
11. *Totals*

Prime

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)		
Financial Progress Report (FPR) Prime		
1	DUNS Number*	071550800
2	Legal Entity Name *	SACRAMENTO, COUNTY OF
3	Address Line 1 *	700 H STREET, ROOM 7650
4	Address Line 2	
5	Address Line 3	
6	City Name *	SACRAMENTO
7	State Code *	CA
8	Zip+4 *	95814-1280
11	Country Name *	United States
10	Country Code *	USA
9	Congressional District *	06
12	Recipient Type*	Special District Government, Public/Indian Housing Authority, County Government
13	CFDA Number *	21.019
14	Total Coronavirus Relief Funds Received*	\$181,198,725.20
15	Point of Contact Name *	Matthew Levesque
16	Point of Contact Title *	Management Analyst
17	Point of Contact Email *	levesquem@saccounty.net
18	Point of Contact Phone *	(916) 874-4300

Projects

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)			
Financial Progress Report(FPR) Projects			
19 A	19 B	19 C	19 D
Project Name*	Project Identification Number*	Description*	Status*
FY 2019-20 Correctional Health Medical Costs	1	Medical care costs for Correctional Health during public health emergency in FY 2019-20.	Fully completed

Sub-Recipient Organizations

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)			
Financial Progress Report(FPR) Sub-Recipient Organizations			
DUNS/Identification Number	Name	Status	
20-019	Regents of University of California Davis	Saved -- Validated	Go to Sub Screen
21-036	Affinity Nursing Services	Saved -- Validated	Go to Sub Screen
21-035	Assignment America dba Medical Staffing Network	Saved -- Validated	Go to Sub Screen
21-028	Covelo Group, Inc.	Saved -- Validated	Go to Sub Screen
21-040	InSync Consulting Services	Saved -- Validated	Go to Sub Screen
21-015	Maxim Healthcare	Saved -- Validated	Go to Sub Screen
21-021	Resource Staffing	Saved -- Validated	Go to Sub Screen
21-008	RX Staffing	Saved -- Validated	Go to Sub Screen
21-014	Spectrum Accountable Care	Saved -- Validated	Go to Sub Screen
21-005	White Cap Nursing	Saved -- Validated	Go to Sub Screen

Contracts >=\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)
Financial Progress Report (FPR) Contract >= \$50,000

DUNS/Identification Number	Contractor Name	Contract #	Contract Amount	Current Quarter Expenditures	Contract Type	Status	Go to Sub Screen
019	Regents of University of California Davis-20	7410000-20-019	\$1,738,006.20	\$1,738,006.20	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
036	Affinity Nursing Services-21	9000-18/21-036	\$78,268.04	\$78,268.04	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
035	Assignment America dba Medical Staffing Network-21	9000-18/21-035	\$75,867.61	\$75,867.61	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
028	Covelo Group, Inc.-21	9000-18/21-028	\$123,862.94	\$123,862.94	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
040	InSync Consulting Services-21	9000-18/21-040	\$231,599.16	\$231,599.16	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
015	Maxim Healthcare-21	9000-18/21-015	\$400,227.22	\$400,227.22	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
021	Resource Staffing-21	9000-18/21-021	\$90,666.65	\$90,666.65	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
008	RX Staffing-21	9000-18/21-008	\$55,059.28	\$55,059.28	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
014	Spectrum Accountable Care-21	9000-18/21-041	\$59,035.50	\$59,035.50	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen
005	White Cap Nursing-21	9000-18/21-005	\$78,582.69	\$78,582.69	Blanket Purchase Agreement	Saved -- Validated	Go to Sub Screen

Grants >=\$50,000

U.S. DEPARTMENT OF THE TREASURY
Office of Inspector General (OIG)
Pandemic Response Accountability Committee (PRAC)

Financial Progress Report (FPR)
Grants >= \$50,000

DUNS/Identification Number	Awardee Name	Award Number	Award Amount	Current Quarter Expenditure	Award Payment Method	Status	Action
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Loans >=\$50,000

U.S. DEPARTMENT OF THE TREASURY

Office of Inspector General (OIG)

Pandemic Response Accountability Committee (PRAC)

Financial Progress Report (FPR)

Loan >= \$50,000

DUNS/ Identification Number	Borrower Name	Loan Number	Loan Amount	Current Quarter Payments	Status
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Transfers >=\$50,000

U.S. DEPARTMENT OF THE TREASURY
Office of Inspector General (OIG)
Pandemic Response Accountability Committee (PRAC)

Financial Progress Report (FPR)
Transfers >=\$50,000

DUNS/ Identification Number	Transferee/Government Unit Name	Transfer Number	Transfer Amount	Current Quarter Expenditures	Transfer Type	Status
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Direct >=\$50,000

U.S. DEPARTMENT OF THE TREASURY

Office of Inspector General (OIG)

Pandemic Response Accountability Committee (PRAC)

Financial Progress Report(FPR)

Direct Payments >=\$50,000

DUNS/ Identification Number	Payee Name	Obligation Amount	Current Quarter Expenditures	Status
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Aggregate Awards of <\$50,000

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)						
Financial Progress Report(FPR) Aggregate Awards of <\$50,000						
	A	B	C	D	E	
	Funding Type	Updates this Quarter?*	Current Quarter Obligation	Cumulative Obligation	Current Quarter Expenditure/Payments	Cumulative Expenditure/Payments
109	Aggregate of Contracts Awarded for <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
110	Aggregate of Grants Awarded for <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
111	Aggregate of Loans Issued for <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
112	Aggregate of Transfers <\$50,000	No	\$0.00	\$0.00	\$0.00	\$0.00
113	Aggregate of Direct Payments <\$50,000	Yes	\$1,374,758.23	\$1,381,885.23	\$1,374,758.23	\$1,381,885.23
Total:			\$1,374,758.23	\$1,381,885.23	\$1,374,758.23	\$1,381,885.23

Aggregate Payments to Individuals

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)					
Financial Progress Report (FPR) Aggregate Payment to Individuals					
	A	B	C	D	E
	Updates this Quarter?*	Current Quarter Obligation	Cumulative Obligation	Current Quarter Expenditure	Cumulative Expenditure
114	Aggregate of Direct Payments to Individuals Yes	\$130,623,263.96	\$130,623,263.96	\$130,623,263.96	\$130,623,263.96

Totals

U.S. DEPARTMENT OF THE TREASURY Office of Inspector General (OIG) Pandemic Response Accountability Committee (PRAC)					
Financial Progress Report(FPR) Totals					
115	Coronavirus Relief Funds Received				\$181,198,725.20
		A	B	C	D
		Obligations	Current Quarter Expenditures	Cumulative Expenditures	Net Obligation
116	Contracts >=\$50,000	\$2,931,175.29	\$2,931,175.29	\$2,931,175.29	\$0.00
117	Grants >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
118	Transfers >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
119	Direct >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
120	Aggregate Contracts <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
121	Aggregate Grants <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
122	Aggregate Transfers <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
123	Aggregate Direct <\$50,000	\$1,381,885.23	\$1,374,758.23	\$1,381,885.23	\$0.00
124	Aggregate Payments to Individuals	\$130,623,263.96	\$130,623,263.96	\$130,623,263.96	\$0.00
125	Total	\$134,936,324.48	\$134,929,197.48	\$134,936,324.48	\$0.00
		Obligations	Current Quarter Payments	Cumulative Payments	Net Obligation
126	Loans >=\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
127	Aggregate Loans <\$50,000	\$0.00	\$0.00	\$0.00	\$0.00
128	Total	\$0.00	\$0.00	\$0.00	\$0.00
129	Available Balance of CRF funds before Loan Repayment				\$46,262,400.72
130	Cumulative Loan Payments				\$0.00
131	Total Available Balance of CRF funds				\$46,262,400.72
I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate, and the information is provided for the purposes and intent set forth in the CARES Act, P.L. 116-136. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code, Title 18, Section 1001 and Title 31, Sections 3729-3733 and 3801-3812)					
132a. Name of Authorized Official		132b. Email Address			
MaryJo Flynn		FlynnM@saco.es.org			
132c. Signature of Authorized Certifying Official		132d. Date Report Submitted (Month, Day, Year)			
		10/16/2020			

Sub Screen: Sub-Recipient 1

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	20-019		
23	Legal Name*	Regents of University of California Davis		
24	Address Line 1*	2315 Stockton Blvd # 2300		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sacramento		
28	State Code*	CA		
29	Zip+4*	95817-2201		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input checked="" type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 1

34	Sub-Recipient Organization (Contractor)*	Regents of University of California Davis-20-019		
35	Contract Number*	7410000-20-019		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$1,738,006.20		
38	Contract Date *	07/01/2019		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	651 I St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sacramento		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	95814-2400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Medical care costs for County Jail inmates incurred between March 1 and June 30, 2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	\$1,738,006.20	\$1,738,006.20	\$1,738,006.20	\$1,738,006.20
Total		\$1,738,006.20	\$1,738,006.20	\$1,738,006.20	\$1,738,006.20

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	03/01/2020 06/30/2020	\$1,738,006.20	Medical Expenses		
Total:					\$1,738,006.20	

Sub Screen: Sub-Recipient 2

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	21-036		
23	Legal Name*	Affinity Nursing Services		
24	Address Line 1*	4141 Northgate Blvd Ste 6		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sacramento		
28	State Code*	CA		
29	Zip+4*	95834-1231		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	3		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 2

34	Sub-Recipient Organization (Contractor)*	Affinity Nursing Services-21-036		
35	Contract Number*	9000-18/21-036		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$78,268.04		
38	Contract Date *	07/01/2017		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	651 I St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sacramento		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	95814-2400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Medical care costs for County Jail inmates incurred between March 1 and June 30, 2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	\$78,268.04	\$78,268.04	\$78,268.04	\$78,268.04
Total		\$78,268.04	\$78,268.04	\$78,268.04	\$78,268.04

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	03/01/2020 06/30/2020	\$78,268.04	Medical Expenses		
Total:						\$78,268.04

Sub Screen: Sub-Recipient 3

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	21-035		
23	Legal Name*	Assignment America dba Medical Staffing Network		
24	Address Line 1*	5201 Congress Ave Ste 100		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Boca Raton		
28	State Code*	FL		
29	Zip+4*	33487-3610		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	22		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

Sub Screen: Contractor Name 3

34	Sub-Recipient Organization (Contractor)*	Assignment America dba Medical Staffing Network-21-035		
35	Contract Number*	9000-18/21-035		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$75,867.61		
38	Contract Date *	07/01/2017		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	06/20/2020		
41	Primary Place of Performance Address Line 1 *	651 I St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sacramento		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	95814-2400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Medical care costs for County Jail inmates incurred between March 1 and June 30, 2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	\$75,867.61	\$75,867.61	\$75,867.61	\$75,867.61
Total		\$75,867.61	\$75,867.61	\$75,867.61	\$75,867.61

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	03/01/2020 06/30/2020	\$75,867.61	Medical Expenses		
Total:						\$75,867.61

Sub Screen: Contractor Name 4

34	Sub-Recipient Organization (Contractor)*	Covelo Group, Inc.-21-028		
35	Contract Number*	9000-18/21-028		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$123,862.94		
38	Contract Date *	07/01/2017		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	651 I St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sacramento		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	95814-2400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Medical care costs for County Jail inmates incurred between March 1 and June 30, 2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	\$123,862.94	\$123,862.94	\$123,862.94	\$123,862.94
Total		\$123,862.94	\$123,862.94	\$123,862.94	\$123,862.94

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	03/01/2020 06/30/2020	\$123,862.94	Medical Expenses		
Total:					\$123,862.94	

Sub Screen: Sub-Recipient 4

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	21-028		
23	Legal Name*	Covelo Group, Inc.		
24	Address Line 1*	7025 N Scottsdale Rd Ste 200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Scottsdale		
28	State Code*	AZ		
29	Zip+4*	85253-3675		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Sub-Recipient 5

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	21-040		
23	Legal Name*	InSync Consulting Services		
24	Address Line 1*	110 Main St		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Roseville		
28	State Code*	CA		
29	Zip+4*	95678-2232		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
<input type="checkbox"/> Tribally Controlled College or University (TCCU)				
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

Sub Screen: Contractor Name 5

34	Sub-Recipient Organization (Contractor)*	InSync Consulting Services-21-040		
35	Contract Number*	9000-18/21-040		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$231,599.16		
38	Contract Date *	07/01/2017		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	651 I St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sacramento		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	95814-2400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Medical care costs for County Jail inmates incurred between March 1 and June 30, 2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	\$231,599.16	\$231,599.16	\$231,599.16	\$231,599.16
Total		\$231,599.16	\$231,599.16	\$231,599.16	\$231,599.16

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	03/01/2020 06/30/2020	\$231,599.16	Medical Expenses		
Total:					\$231,599.16	

Sub Screen: Sub-Recipient 7

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	21-015		
23	Legal Name*	Maxim Healthcare		
24	Address Line 1*	2020 Hurley Way Ste 110		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sacramento		
28	State Code*	CA		
29	Zip+4*	95825-3212		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 6

34	Sub-Recipient Organization (Contractor)*	Maxim Healthcare-21-015		
35	Contract Number*	9000-18/21-015		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$400,227.22		
38	Contract Date *	07/01/2017		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	651 I St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sacramento		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	95814-2400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Medical care costs for County Jail inmates incurred between March 1 and June 30, 2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	\$400,227.22	\$400,227.22	\$400,227.22	\$400,227.22
Total		\$400,227.22	\$400,227.22	\$400,227.22	\$400,227.22

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	03/01/2020 06/30/2020	\$400,227.22	Medical Expenses		
Total:						\$400,227.22

Sub Screen: Sub-Recipient 8

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	21-021		
23	Legal Name*	Resource Staffing		
24	Address Line 1*	1508 Eureka Rd Ste 240		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Roseville		
28	State Code*	CA		
29	Zip+4*	95661-2819		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	4		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

Sub Screen: Contractor Name 7

34	Sub-Recipient Organization (Contractor)*	Resource Staffing-21-021		
35	Contract Number*	9000-18/21-021		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$90,666.65		
38	Contract Date *	07/01/2017		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	651 I St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sacramento		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	95814-2400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Medical care costs for County Jail inmates incurred between March 1 and June 30, 2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	\$90,666.65	\$90,666.65	\$90,666.65	\$90,666.65
Total		\$90,666.65	\$90,666.65	\$90,666.65	\$90,666.65

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	03/01/2020 06/30/2020	\$90,666.65	Medical Expenses		
Total:					\$90,666.65	

Sub Screen: Contractor Name 8

34	Sub-Recipient Organization (Contractor)*	RX Staffing-21-008		
35	Contract Number*	9000-18/21-008		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$55,059.28		
38	Contract Date *	07/01/2017		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	651 I St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sacramento		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	95814-2400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Medical care costs for County Jail inmates incurred between March 1 and June 30, 2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	\$55,059.28	\$55,059.28	\$55,059.28	\$55,059.28
Total		\$55,059.28	\$55,059.28	\$55,059.28	\$55,059.28

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	03/01/2020 06/30/2020	\$55,059.28	Medical Expenses		
Total:						\$55,059.28

Sub Screen: Sub-Recipient 9

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	21-008		
23	Legal Name*	RX Staffing		
24	Address Line 1*	4640 Marconi Ave Ste 1		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sacramento		
28	State Code*	CA		
29	Zip+4*	95821-4355		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	7		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions				
<input type="checkbox"/> Non-domestic (non-U.S.) Entity				
<input type="checkbox"/> Other				

Sub Screen: Sub-Recipient 9

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	21-014		
23	Legal Name*	Spectrum Accountable Care		
24	Address Line 1*	930 S 3rd St Ste 200		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Las Vegas		
28	State Code*	NV		
29	Zip+4*	89101-6870		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	1		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 9

34	Sub-Recipient Organization (Contractor)*	Spectrum Accountable Care-21-014		
35	Contract Number*	9000-18/21-041		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$59,035.50		
38	Contract Date *	07/01/2017		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	651 I St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sacramento		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	95814-2400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Medical care costs for County Jail inmates incurred between March 1 and June 30, 2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	\$59,035.50	\$59,035.50	\$59,035.50	\$59,035.50
Total		\$59,035.50	\$59,035.50	\$59,035.50	\$59,035.50

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	03/01/2020 06/30/2020	\$59,035.50	Medical Expenses		
Total:					\$59,035.50	

Sub Screen: Sub-Recipient 10

20	DUNS Available*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
21	DUNS #*			
22	Identification Number	21-005		
23	Legal Name*	White Cap Nursing		
24	Address Line 1*	1540 River Park Dr Ste 208		
25	Address Line 2			
26	Address Line 3			
27	City Name*	Sacramento		
28	State Code*	CA		
29	Zip+4*	95815-4609		Verified
30	Country Name*	United States		
31	Country Code*	USA		
32	Congressional District*	6		
33	Organization Type*			
		<input type="checkbox"/> State Government		
		<input type="checkbox"/> County Government		
		<input type="checkbox"/> City or Township Government		
		<input type="checkbox"/> Special District Government		
		<input type="checkbox"/> Independent School District		
		<input type="checkbox"/> Public/State Controlled Institution of Higher Education		
		<input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized)		
		<input type="checkbox"/> Indian/Native American Tribal Designated Organization		
		<input type="checkbox"/> Public/Indian Housing Authority		
		<input type="checkbox"/> Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)		
		<input type="checkbox"/> Private Institution of Higher Education		
		<input checked="" type="checkbox"/> For-Profit Organization (Other than Small Business)		
		<input type="checkbox"/> Small Business		
		<input type="checkbox"/> Hispanic-serving Institution		
		<input type="checkbox"/> Historically Black College or University (HBCU)		
		<input type="checkbox"/> Tribally Controlled College or University (TCCU)		
		<input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions		
		<input type="checkbox"/> Non-domestic (non-U.S.) Entity		
		<input type="checkbox"/> Other		

Sub Screen: Contractor Name 10

34	Sub-Recipient Organization (Contractor)*	White Cap Nursing-21-005		
35	Contract Number*	9000-18/21-005		
36	Contract Type*	Blanket Purchase Agreement		
37	Contract Amount*	\$78,582.69		
38	Contract Date *	07/01/2017		
39	Period of Performance Start Date *	03/01/2020		
40	Period of Performance End Date *	06/30/2020		
41	Primary Place of Performance Address Line 1 *	651 I St		
42	Primary Place of Performance Address Line 2			
43	Primary Place of Performance Address Line 3			
44	Primary Place of Performance City Name *	Sacramento		
45	Primary Place of Performance State Code *	CA		
46	Primary Place of Performance Zip+4 *	95814-2400		Verified
47	Primary Place of Performance Country Name *	United States		
48	Primary Place of Performance Country Code *	USA		
49	Primary Place of Performance Congressional District *	6		
50	Contract Description *	Medical care costs for County Jail inmates incurred between March 1 and June 30, 2020.		

Obligations

	51 A	51 B	51 C	51 D	51 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	\$78,582.69	\$78,582.69	\$78,582.69	\$78,582.69
Total		\$78,582.69	\$78,582.69	\$78,582.69	\$78,582.69

Previous Expenditures (All previous quarters)

	52 A	52 B	52 C	52 D	52 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$0.00		
Total:					\$0.00

Current Quarter Expenditures

	53 A	53 B	53 C	53 D	53 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	1 - FY 2019-20 Correctional Health Medical Costs	03/01/2020 06/30/2020	\$78,582.69	Medical Expenses		
Total:						\$78,582.69